

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -5 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000099369

1. Limited Liability Company's Name

Savage Swim Club, LLC

000133410860
07/24/08--01050--013 **516.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 112 East Shore Drive Suite, Apt. #, etc. City & State Key Largo, Florida Zip 33037		3. Mailing Office Address P. O. Box 3198 Suite, Apt. #, etc. City & State Key Largo, Florida Zip 33037	
Country USA	Country USA		

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 10-10-2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Al Di Buono		
Street Address (P.O. Box Number is Not Acceptable) 112 East Shore Drive		
Suite, Apt. #, Etc.		
City Key Largo	State FL	Zip Code 33037

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Al Di Buono

REGISTERED AGENT MUST SIGN

Date 07-21-2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Al Di Buono	112 East Shore Drive	Key Largo, Florida 33037

REINSTATEMENT 06, 08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Al Di Buono

Date 07-21-2008

Daytime Phone # 305-304-1588

Typed or printed name of signing Managing Member/Manager Al Di Buono